

RISK FACTORS FOR ILLNESSES



Risk Factors for Illness or Injury

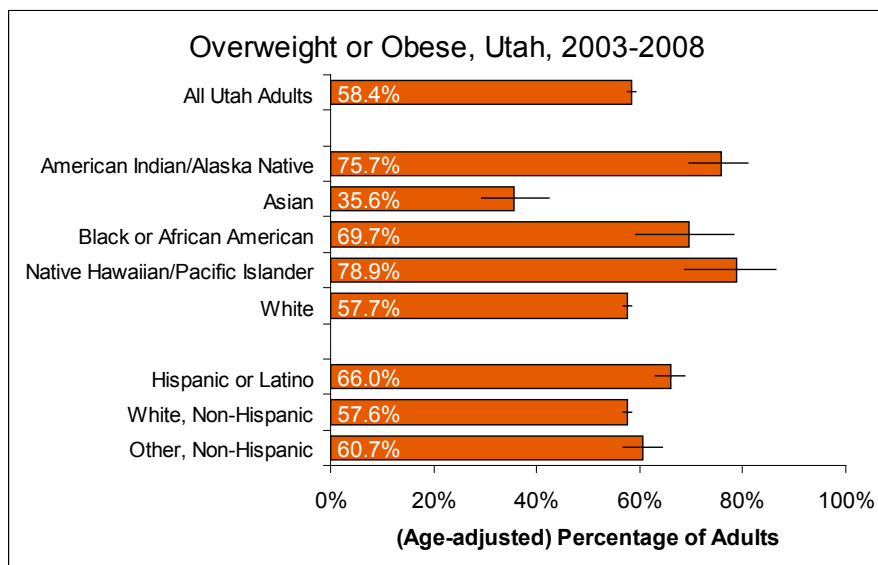
Overweight or Obese

Why Is It Important?

Overweight and obesity contribute to 300,000 deaths each year in the U.S. and are associated with many chronic illnesses including heart disease, certain types of cancer, diabetes, stroke, arthritis and depression.³⁵

How Are We Doing?

- From 2003-2008, 58.4% of Utah adults were overweight or obese (age-adjusted rate).
- American Indian/Alaska Native, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino Utahns had significantly higher rates of obesity/overweight than all Utahns.
- Asian Utahns had a significantly lower rate of obesity and overweight than all Utahns.
- The percentage of Utah adults who were overweight or obese has increased steadily during the past two decades, from 35.0% in 1989 to 60.1% in 2008.³⁶
- The Utah overweight and obesity rate is only slightly lower than the U.S. rate. As in Utah, the U.S. overweight and obesity rate has been increasing steadily over the past two decades.³⁶



How Can We Improve?

Obese persons should lose about 1 to 2 pounds each week, up to 10% of initial body weight over 6 months, through healthy eating and physical activity. Faster weight loss does not achieve better long-term results.³⁷ In 2008, the U.S. Centers for Disease Control and Prevention began funding the UDOH, Physical Activity, Nutrition, and Obesity (PANO) program to promote behaviors that contribute to healthy weight: physical activity, fruit and vegetable consumption, and breastfeeding; and discourage excessive TV viewing and consumption of sugary beverages and high-energy-dense foods (high in fat or low in water). PANO activities include promoting physical activity and healthy foods at elementary schools, media campaigns encouraging families to adopt healthy lifestyles, tracking height and weight trends, recognizing communities and worksites that promote health and encouraging communities to accommodate walking and biking safely.

Percentage of Utah Adults (Age 18 and Over) Who Were Overweight or Obese,* 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	Number Overweight or Obese	Crude Rate (95% CI Range)	Age-adjusted Rate** (95% CI Range)	Sig.***
All Utah Adults	28,866	1,781,429	1,005,438	56.4% (55.6% - 57.2%)	58.4% (57.7% - 59.1%)	n/a
American Indian/Alaska Native	336	23,796	17,249	72.5% (65.3% - 78.7%)	75.7% (69.5% - 81.0%)	↑
Asian	268	40,656	13,168	32.4% (25.9% - 39.7%)	35.6% (29.3% - 42.4%)	↓
Black or African American	123	19,213	12,737	66.3% (54.6% - 76.3%)	69.7% (59.3% - 78.4%)	↑
Native Hawaiian/Pacific Islander	110	12,877	9,672	75.1% (63.9% - 83.7%)	78.9% (68.8% - 86.4%)	↑
White	26,701	1,684,887	941,698	55.9% (55.1% - 56.7%)	57.7% (56.9% - 58.4%)	
Hispanic or Latino	1,723	176,650	109,964	62.2% (59.0% - 65.4%)	66.0% (63.0% - 68.8%)	↑
White, Non-Hispanic	25,996	1,517,124	847,838	55.9% (55.0% - 56.7%)	57.6% (56.8% - 58.3%)	↓
Other, Non-Hispanic	1,007	87,655	50,245	57.3% (52.9% - 61.6%)	60.7% (56.9% - 64.4%)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Overweight or obese criteria is BMI > or = 25. Body mass index (BMI) is calculated by dividing weight in kilograms by height in meters squared.

**Age-adjusted to the U.S. 2000 standard population

*** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Risk Factors for Illness or Injury

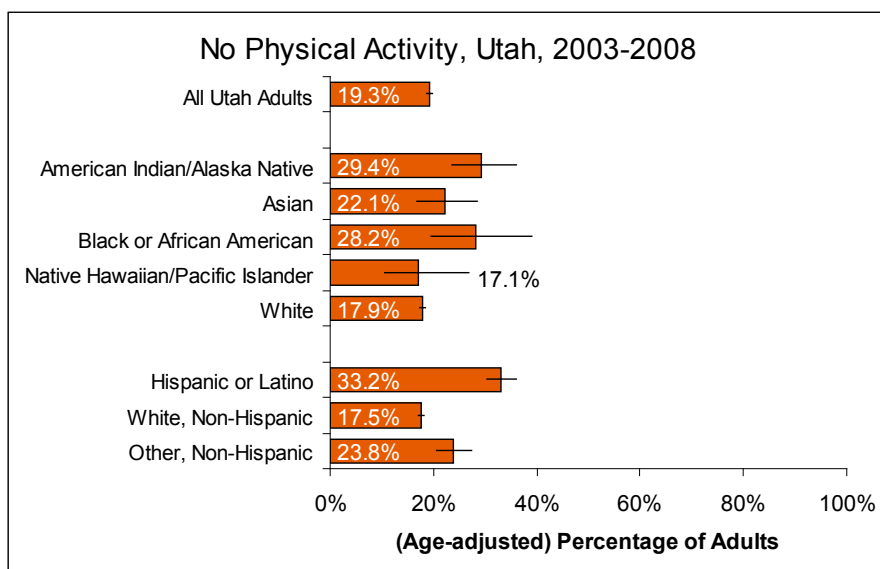
No Physical Activity

Why Is It Important?

Physical activity helps prevent heart disease, helps control cholesterol levels and diabetes, slows bone loss associated with advancing age, lowers the risk of certain cancers, and helps reduce anxiety and depression.³⁵ Only a few lifestyle choices have as large an effect on mortality as physical activity. Even low amounts of physical activity reduce the risk of premature death. The relative risk of dying prematurely continues to be lower as physical activity increases.³⁸

How Are We Doing?

- From 2003-2008, 19.3% of Utah adults reported they were physically inactive (age-adjusted rate).
- American Indian/Alaska Native, Black/African American, and Hispanic/Latino Utahns had significantly higher rates of physical inactivity.
- Non-Hispanic White Utahns had a significantly lower rate of physical inactivity.



How Can We Improve?

The U.S. Department of Health and Human Services recommends that adults participate in light or moderate physical activity for at least 30 minutes five or more times per week or in vigorous physical activity for at least 20 minutes three or more times per week.³⁸ Physical activity need not be of vigorous intensity to improve health. Every increase in activity adds some benefit. A moderate amount of activity can be obtained in a 30-minute brisk walk, 30 minutes of lawn mowing or raking leaves, a 15-minute run, or 45 minutes of playing volleyball, and such activities can be varied from day to day. The UDOH, Physical Activity, Nutrition and Obesity (PANO) Program works with local health departments and other partners to improve or develop community environments where people can walk and bike safely and hosts a website, www.utahwalks.org/, with information on places to walk and bike throughout Utah.

Percentage of Utah Adults (Age 18 and Over) Who Reported No Physical Activity Outside of Work in the Past Month, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	# With No Physical Activity	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	29,905	1,781,429	331,335	18.6% (18.0%- 19.2%)	19.3% (18.7% - 19.8%)	n/a
American Indian/Alaska Native	340	23,796	6,304	26.5% (20.9%- 33.0%)	29.4% (23.5% - 36.0%)	↑
Asian	281	40,656	7,834	19.3% (14.4%- 25.3%)	22.1% (16.9% - 28.3%)	
Black or African American	132	19,213	5,495	28.6% (18.9%- 40.9%)	28.2% (19.5% - 39.0%)	↑
Native Hawaiian/Pacific Islander	112	12,877	2,079	16.1% (10.0%- 25.1%)	17.1% (10.5% - 26.8%)	
White	27,517	1,684,887	292,315	17.3% (16.8%- 17.9%)	17.9% (17.3% - 18.4%)	↓
Hispanic or Latino	1,947	176,650	54,963	31.1% (28.3%- 34.0%)	33.2% (30.3% - 36.1%)	↑
White, Non-Hispanic	26,755	1,517,124	257,816	17.0% (16.4%- 17.6%)	17.5% (16.9% - 18.1%)	↓
Other, Non-Hispanic	1,044	87,655	19,412	22.1% (18.9%- 25.7%)	23.8% (20.7% - 27.3%)	↑

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.



Risk Factors for Illness or Injury

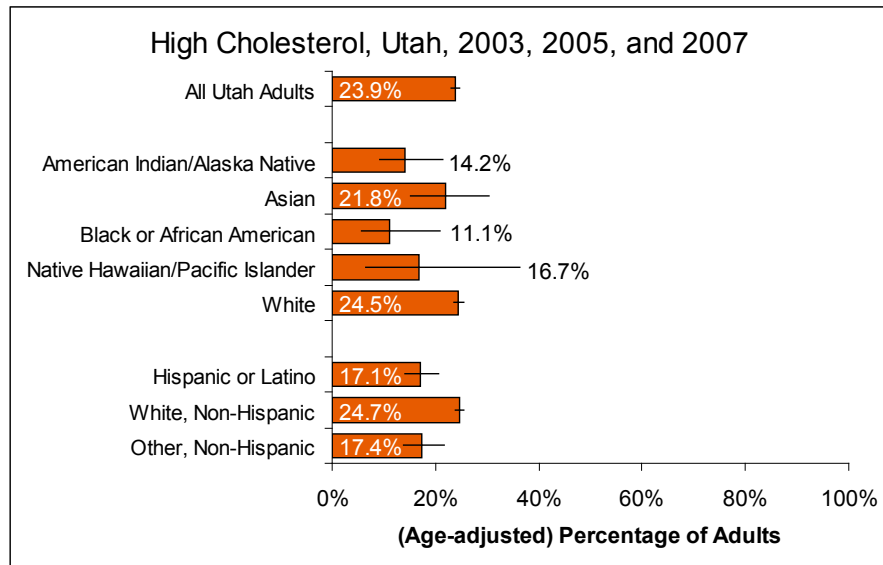
High Cholesterol

Why Is It Important?

High levels of cholesterol in the blood can build up in the blood vessel walls, blocking blood flow to the heart, brain, and other important organs. Treatment of high blood cholesterol leads to a lower risk of cardiovascular disease.²⁹ High blood cholesterol is 240 mg/dL or greater and borderline high cholesterol is 200 to 239 mg/dL.³⁰ Low reported high cholesterol may be due to either actual low prevalence of high cholesterol or to low rates of cholesterol screening.

How Are We Doing?

- In 2003, 2005, and 2007, 23.9% of Utah adults reported that they had been told by a doctor that their cholesterol was high (age-adjusted rate).
- American Indian/Alaska Native, Black/African American, and Hispanic/Latino Utahns reported high cholesterol at significantly lower rates than Utahns statewide. These racial and ethnic groups also had the lowest rates of cholesterol screening, so these low rates are likely to reflect inadequate screening rather than low prevalence of high cholesterol. (See [page 26](#).)



How Can We Improve?

Behaviors that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, not smoking or drinking excessive alcohol, and maintaining a healthy weight. Obesity and diets high in saturated fat or cholesterol contribute to high levels of blood cholesterol. Since most people do not have any symptoms of high blood cholesterol, adults age 20 and older should be screened for high blood cholesterol at least every five years.^{29,30} The Heart Disease and Stroke Prevention Program works with health care providers to help people with high cholesterol to control their risk of heart attack and stroke.

Percentage of Utah Adults (Age 18 and Over) Who Reported Having Been Told They Had High Cholesterol, 2003, 2005, and 2007

Race/Ethnicity	Sample Size	Total Adult Population	# With High Cholesterol	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	14,176	1,781,429	377,371	21.2% (20.4%- 22.0%)	23.9% (23.1% - 24.7%)	n/a
American Indian/Alaska Native	155	23,796	2,402	10.1% (6.3%- 15.8%)	14.2% (9.1% - 21.4%)	↓
Asian	132	40,656	5,651	13.9% (8.9%- 21.0%)	21.8% (15.2% - 30.3%)	
Black or African American	70	19,213	1,173	6.1% (2.9%- 12.6%)	11.1% (5.6% - 20.9%)	↓
Native Hawaiian/Pacific Islander	54	12,877	1,143	8.9% (3.3%- 22.0%)	16.7% (6.6% - 36.3%)	
White	13,065	1,684,887	377,454	22.4% (21.5%- 23.3%)	24.5% (23.7% - 25.4%)	
Hispanic or Latino	910	176,650	19,225	10.9% (8.7%- 13.5%)	17.1% (14.1% - 20.6%)	↓
White, Non-Hispanic	12,708	1,517,124	344,697	22.7% (21.8%- 23.6%)	24.7% (23.8% - 25.6%)	
Other, Non-Hispanic	495	87,655	10,154	11.6% (8.9%- 14.9%)	17.4% (13.8% - 21.6%)	↓

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

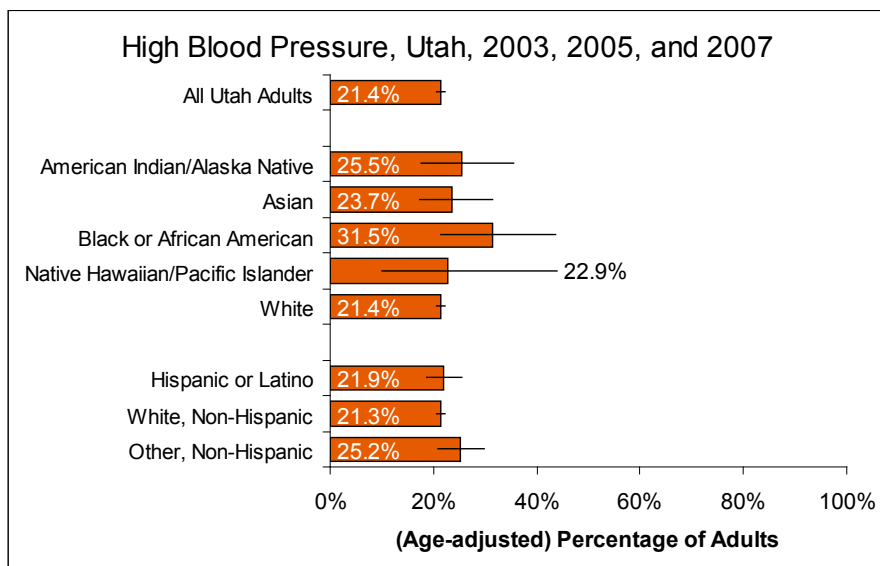
**The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate

Risk Factors for Illness or Injury

High Blood Pressure

Why Is It Important?

Blood pressure is considered “high” at the level of 140/90 or higher.³⁹ High blood pressure is an important risk factor for heart disease and stroke.²⁹ Risk factors for high blood pressure include obesity, high cholesterol, diabetes, cigarette smoking, low physical activity, age, and family history of cardiovascular disease. People with high blood pressure may not look or feel sick. Only a health care professional can diagnose high blood pressure. The most recent data available show that 80-100% of Utahns of all races and ethnicities had their blood pressure checked within the last two years.⁴⁰



How Are We Doing?

- In 2003, 2005, and 2007, 21.4% of Utah adults reported that they had been told by a doctor that their blood pressure was high (age-adjusted rate).
- There were no statistically significant differences in high blood pressure rates by race and ethnicity.

How Can We Improve?

People with high blood pressure can reduce their risk of heart attack and stroke by taking blood pressure medication and having regular health checkups. Experts also recommend that people with high blood pressure reduce how often they eat processed or pre-packaged foods that are high in salt, reduce their alcohol use, quit smoking, and increase their physical activity. Taking blood pressure medications and having regular health checkups can help people with high blood pressure.²⁹ The UDOH, Heart Disease and Stroke Prevention Program works with health plans, health care providers, and employers to help people with high blood pressure to decrease their risk of heart attack and stroke.

Percentage of Utah Adults (Age 18 and Over) Who Reported Having Been Told They Had High Blood Pressure, 2003, 2005, and 2007

Race/Ethnicity	Sample Size	Total Adult Population	# With High Blood Pressure	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig. **
All Utah Adults	14,233	1,781,429	338,433	19.0% (18.2%- 19.8%)	21.4% (20.7% - 22.2%)	n/a
American Indian/Alaska Native	156	23,796	4,854	20.4% (13.4%- 29.9%)	25.5% (17.7% - 35.4%)	
Asian	133	40,656	5,281	13.0% (8.4%- 19.5%)	23.7% (17.3% - 31.5%)	
Black or African American	70	19,213	4,048	21.1% (12.5%- 33.2%)	31.5% (21.4% - 43.7%)	
Native Hawaiian/Pacific Islander	54	12,877	1,646	12.8% (5.4%- 27.2%)	22.9% (10.1% - 44.0%)	
White	13,126	1,684,887	330,847	19.6% (18.8%- 20.5%)	21.4% (20.6% - 22.2%)	
Hispanic or Latino	910	176,650	22,691	12.8% (10.3%- 15.8%)	21.9% (18.6% - 25.6%)	
White, Non-Hispanic	12,767	1,517,124	298,047	19.6% (18.8%- 20.5%)	21.3% (20.5% - 22.1%)	
Other, Non-Hispanic	496	87,655	15,794	18.0% (14.3%- 22.4%)	25.2% (21.0% - 29.9%)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

**The age-adjusted rate for each rate/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate

Risk Factors for Illness or Injury

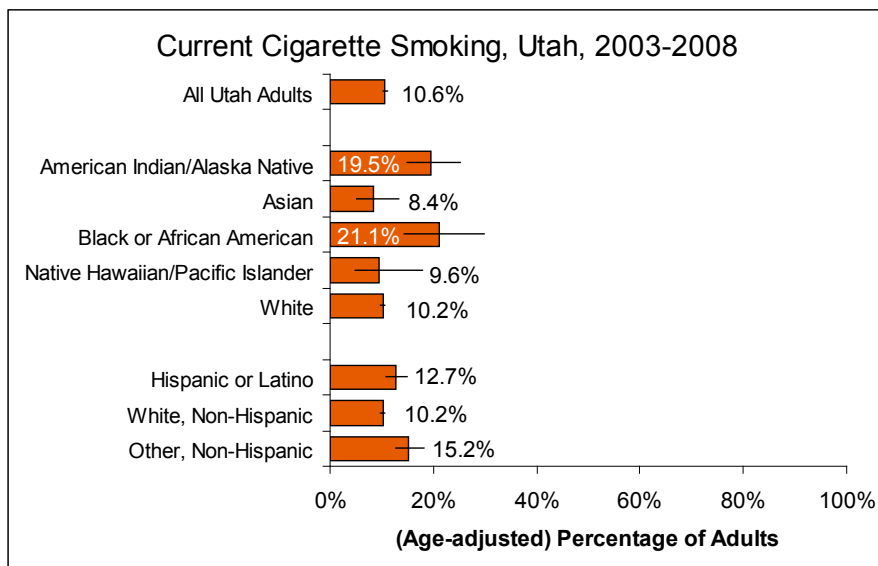
Cigarette Smoking

Why Is It Important?

Tobacco use is the leading preventable cause of death and disease in the U.S., claiming more than 443,000 lives each year.⁴¹ Smoking increases the risk for chronic lung disease; coronary heart disease; stroke; cancers of the lungs, larynx, esophagus, mouth, cervix, pancreas, bladder, and kidneys; and many other cancers and diseases.⁴²

How Are We Doing?

- From 2003-2008, 10.6% of Utah adults reported smoking (age-adjusted rate).
- Utah's smoking rate is the lowest in the nation. However, nearly 190,000 Utahns of all ages still smoke.⁴³
- American Indian/Alaska Native, Black/African American and Hispanic/Latino Utahns had significantly higher age-adjusted rates of cigarette smoking than all Utahns.
- These data may underestimate smoking prevalence because the sample excludes mobile phone numbers. Research shows that people who use only mobile phones and not land lines tend to have higher smoking rates than the general population.⁴⁴ Cell phone users will be included in BRFSS surveys beginning in 2009.



How Can We Improve?

The UDOH Tobacco Prevention and Control Program (TPCP) funds statewide and local tobacco-use cessation services, including the Utah Tobacco Quit Line (1-888-567-TRUTH), the Spanish Utah Tobacco Quit Line (1-877-629-1585), a web-based cessation service (www.utahquitnet.com), and school and community-based programs for teens and pregnant women. A statewide media campaign in English and Spanish advertises these services and motivates smokers to quit. The TPCP prevents youth tobacco use through school-based programs and youth advocacy groups. TPCP funds community-based organizations to tailor marketing materials and messages and provide outreach for racial and ethnic groups.

Percentage of Utah Adults (Age 18 and Over) Who Reported Current Cigarette Smoking, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	# of Current Smokers	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	29,902	1,781,429	191,613	10.8% (10.3%- 11.3%)	10.6% (10.2% - 11.1%)	n/a
American Indian/Alaska Native	339	23,796	4,709	19.8% (14.4%- 26.5%)	19.5% (14.8% - 25.2%)	↑
Asian	280	40,656	3,997	9.8% (5.8%- 16.3%)	8.4% (5.2% - 13.2%)	
Black or African American	132	19,213	3,845	20.0% (13.2%- 29.2%)	21.1% (14.5% - 29.7%)	↑
Native Hawaiian/Pacific Islander	112	12,877	1,706	13.2% (6.5%- 25.1%)	9.6% (4.9% - 17.9%)	
White	27,520	1,684,887	172,843	10.3% (9.8%- 10.7%)	10.2% (9.8% - 10.7%)	
Hispanic or Latino	1,941	176,650	23,580	13.3% (11.3%- 15.7%)	12.7% (10.8% - 14.8%)	↑
White, Non-Hispanic	26,761	1,517,124	155,288	10.2% (9.8%- 10.7%)	10.2% (9.7% - 10.7%)	
Other, Non-Hispanic	1,043	87,655	13,701	15.6% (12.8%- 19.0%)	15.2% (12.7% - 18.1%)	↑

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Current cigarette smoking was defined as anyone who had smoked 100 cigarettes or more and currently smokes every day or some days.

*Age-adjusted to the U.S. 2000 standard population

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Risk Factors for Illness or Injury

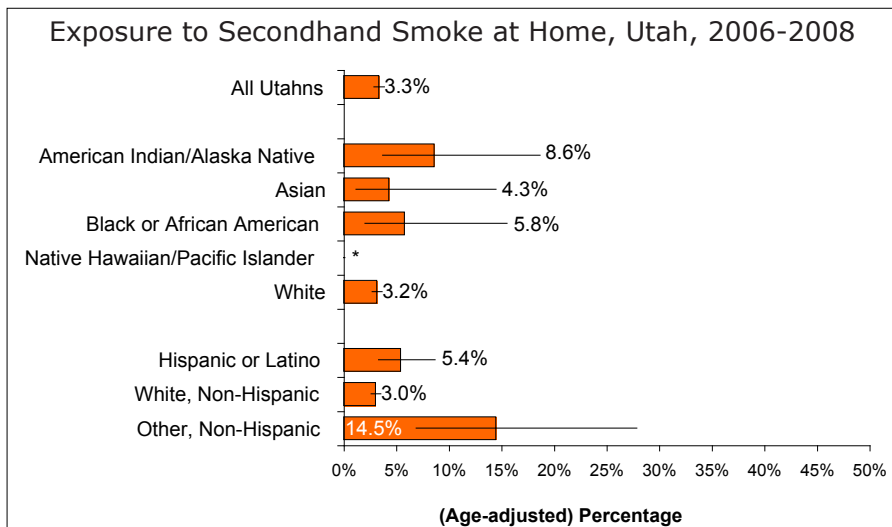
Exposure to Secondhand Smoke

Why Is It Important?

Exposure to secondhand smoke has been linked to many chronic conditions including heart disease, lung cancer, and respiratory illnesses.⁴⁵

How Are We Doing?

- From 2006-2008, 3.3% of Utahns reported exposure to secondhand smoke in their homes (age-adjusted rate).
- American Indian/Alaska Native Utahns had significantly higher age-adjusted rates of exposure to secondhand smoke at home than all Utahns.



How Can We Improve?

Heads of households should make rules forbidding smoking within the home or car. Non-smokers should stay away from people who are smoking. Smokers should avoid smoking indoors or near building windows or entrances until they are able to quit. The UDOH, Tobacco Prevention and Control Program (TPCP) can help Utahns quit smoking or encourage someone else to quit through statewide and local tobacco-use cessation services, including the Utah Tobacco Quit Line (1-888-567-TRUTH), the Spanish Utah Tobacco Quit Line (1-877-629-1585), a web-based cessation service (www.utahquitnet.com), and school and community-based programs for teens and pregnant women. A statewide media campaign in English and Spanish advertises these services and motivates smokers to quit. The TPCP prevents youth tobacco use through school-based programs and youth advocacy groups. TPCP funds community-based organizations to tailor marketing materials and messages and provide outreach for racial and ethnic groups.

Exposure to Cigarette Smoke: Percentage of Persons Who Had Been Exposed to Cigarette Smoke Inside the Home, Utah, 2006-2008

Race/Ethnicity	Sample Size	Total Population	#Exposed to SHS at Home	Crude Rate (95% CI Range)	Age-adjusted Rate** (95% CI Range)	Sig.***
All Utahns	28,363	2,699,554	97,481	3.6% (3.2%- 4.1%)	3.3% (2.9%- 3.9%)	n/a
American Indian/Alaska Native	293	38,517	2,920	7.6% (3.0%- 17.7%)	8.6% (3.7%- 18.7%)	↑
Asian	241	59,078	1,607	2.7% (0.9%- 7.6%)	4.3% (1.2%- 14.5%)	
Black or African American	147	40,388	2,297	5.7% (1.9%- 15.7%)	5.8% (2.0%- 15.5%)	
Native Hawaiian/Pacific Islander	150	22,199	*	* (*- *)	* (*- *)	
White	24,660	2,539,372	77,839	3.1% (2.6%- 3.6%)	3.2% (2.7%- 3.7%)	
Hispanic or Latino	1,527	314,287	14,203	4.5% (2.7%- 7.3%)	5.4% (3.3%- 8.7%)	
White, Non-Hispanic	23,725	2,241,726	66,451	3.0% (2.5%- 3.5%)	3.0% (2.6%- 3.5%)	
Other, Non-Hispanic	195	143,540	21,320	14.9% (6.8%- 29.5%)	14.5% (6.9%- 27.9%)	↑

Source: Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

* Due to a low frequency, these rates are unstable and have been suppressed.

** Age-adjusted to the U.S. 2000 standard population

*** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.



Risk Factors for Illness or Injury

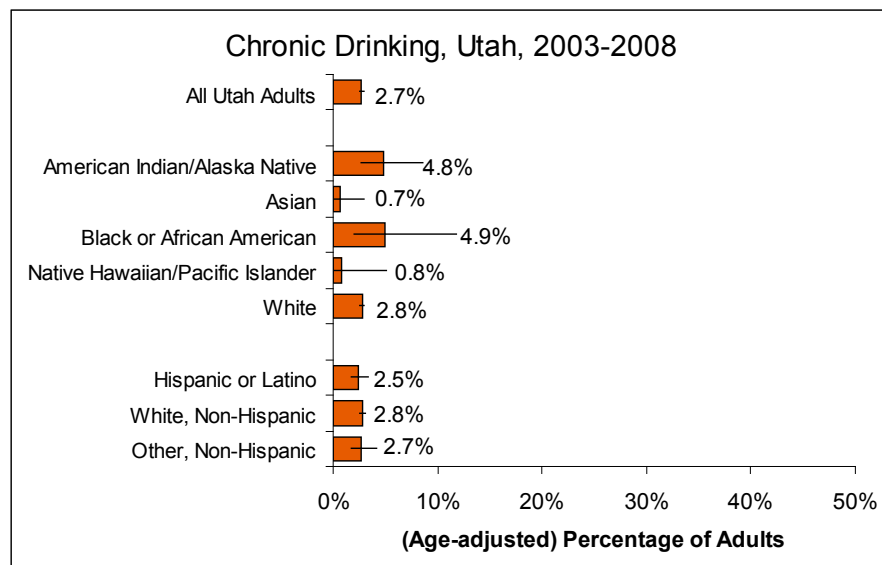
Chronic Drinking

Why Is It Important?

Alcohol abuse is strongly associated with injuries and violence, chronic liver disease, fetal alcohol syndrome, and risk of other acute and chronic health conditions. Birth defects associated with prenatal alcohol exposure can occur during the first six to eight weeks of pregnancy before a woman knows she is pregnant.⁴⁶

How Are We Doing?

- From 2003-2008, 2.7% of Utah adults reported chronic drinking within the past 30 days (age-adjusted rate).
- This rate is significantly lower than the U.S. chronic drinking rate.¹³³
- There were no significant differences in self-reported chronic drinking by race or ethnicity.



How Can We Improve?

Signs of chronic drinking problem include relationship, school, and social problems, and profound changes in how the drinker thinks and feels.⁴⁷ The UDOH, Pregnancy Risk Line, 1-800-822-BABY (2229), answers questions about medicines, drugs, chemicals, and other environmental exposures that can potentially harm an embryo, fetus, or infant. The Utah Department of Human Services, Division of Substance Abuse and Mental Health contracts with Local Substance Abuse Authorities to provide substance abuse treatment services. The fee is based on the individual's ability to pay. For more information, see <http://www.dsamh.utah.gov/>.

Percentage of Utah Adults (Age 18 and Over) Who Reported Chronic Drinking, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	# Chronic Drinking	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	29,639	1,781,429	49,788	2.8% (2.6%- 3.1%)	2.7% (2.5% - 3.0%)	n/a
American Indian/Alaska Native	340	23,796	1,553	6.5% (3.5%- 11.7%)	4.8% (2.7% - 8.5%)	
Asian	273	40,656	262	0.6% (0.1%- 2.9%)	0.7% (0.1% - 2.9%)	
Black or African American	132	19,213	1,022	5.3% (1.9%- 13.8%)	4.9% (1.9% - 11.9%)	
Native Hawaiian/Pacific Islander	111	12,877	178	1.4% (0.2%- 9.2%)	0.8% (0.1% - 5.1%)	
White	27,310	1,684,887	47,014	2.8% (2.5%- 3.1%)	2.8% (2.5% - 3.0%)	
Hispanic or Latino	1,898	176,650	4,860	2.8% (2.0%- 3.8%)	2.5% (1.8% - 3.4%)	
White, Non-Hispanic	26,564	1,517,124	42,324	2.8% (2.5%- 3.1%)	2.8% (2.5% - 3.0%)	
Other, Non-Hispanic	1,029	87,655	2,710	3.1% (2.0%- 4.8%)	2.7% (1.7% - 4.1%)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Chronic drinking, or heavy drinking, was defined as 60+ drinks in the past 30 days for men and 30+ drinks in the past 30 days for women.

*Age-adjusted to the U.S. 2000 standard population

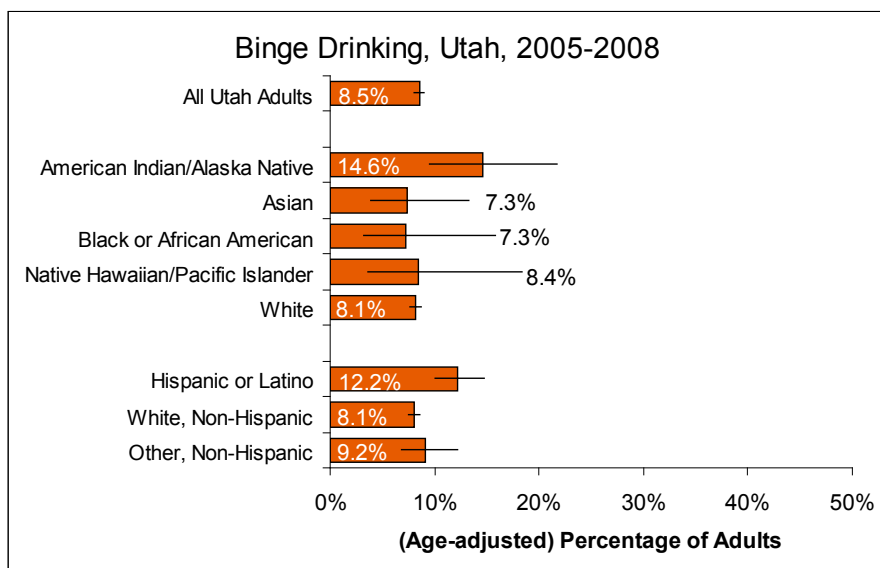
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (▲) or lower (▼) than the state rate.

Risk Factors for Illness or Injury

Binge Drinking

Why Is It Important?

Binge drinking is drinking four or more drinks on one occasion for a woman or five or more drinks on one occasion for a man. Binge drinking typically results in acute intoxication, which can cause impaired brain function; increased risk of certain cancers, stroke, and liver diseases; damage to a developing fetus if consumed by pregnant women; increased risk of motor vehicle traffic crashes, violence, and other injuries; and coma or death. Death can result from alcohol poisoning (overdose); choking on or inhaling vomit; and injuries from falls, fights, and motor vehicle and bicycle accidents.⁴⁷



How Are We Doing?

- From 2005-2008, 8.5% of Utah adults reported binge drinking within the past 30 days (age-adjusted rate).
- This rate is significantly lower than the U.S. binge drinking rate.¹³¹
- American Indian/Alaska Native and Hispanic/Latino Utahns had significantly higher rates of binge drinking than all Utahns.

How Can We Improve?

Women should not drink more than three alcoholic drinks and men should not drink more than four alcoholic drinks during a single occasion. The Utah Department of Human Services, Division of Substance Abuse and Mental Health contracts with Local Substance Abuse Authorities to provide substance abuse treatment services. The fee is based on the individual's ability to pay. For more information, see <http://www.dsamh.utah.gov/>.

Percentage of Utah Adults (Age 18 and Over) Who Reported Binge Drinking in the Past Month, 2005-2008

Race/Ethnicity	Sample Size	Total Adult Population	# Binge Drinking	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	20,516	1,781,429	159,572	9.0% (8.4%- 9.5%)	8.5% (8.0% - 9.0%)	n/a
American Indian/Alaska Native	237	23,796	4,196	17.6% (10.8%- 27.5%)	14.6% (9.5% - 21.8%)	↑
Asian	176	40,656	3,556	8.7% (4.5%- 16.3%)	7.3% (3.9% - 13.3%)	
Black or African American	87	19,213	1,711	8.9% (3.6%- 20.5%)	7.3% (3.2% - 15.8%)	
Native Hawaiian/Pacific Islander	82	12,877	1,755	13.6% (5.3%- 31.0%)	8.4% (3.6% - 18.3%)	
White	18,908	1,684,887	141,348	8.4% (7.8%- 9.0%)	8.1% (7.6% - 8.7%)	
Hispanic or Latino	1,314	176,650	25,969	14.7% (12.1%- 17.8%)	12.2% (10.1% - 14.7%)	↑
White, Non-Hispanic	18,364	1,517,124	125,506	8.3% (7.7%- 8.9%)	8.1% (7.6% - 8.6%)	
Other, Non-Hispanic	718	87,655	9,849	11.2% (8.1%- 15.3%)	9.2% (6.8% - 12.2%)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Binge drinking was defined as five or more drinks on one occasion in the past month for men and four or more drinks on one occasion in the past month for women.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.



Risk Factors for Illness or Injury

Driving Under the Influence

Why Is It Important?

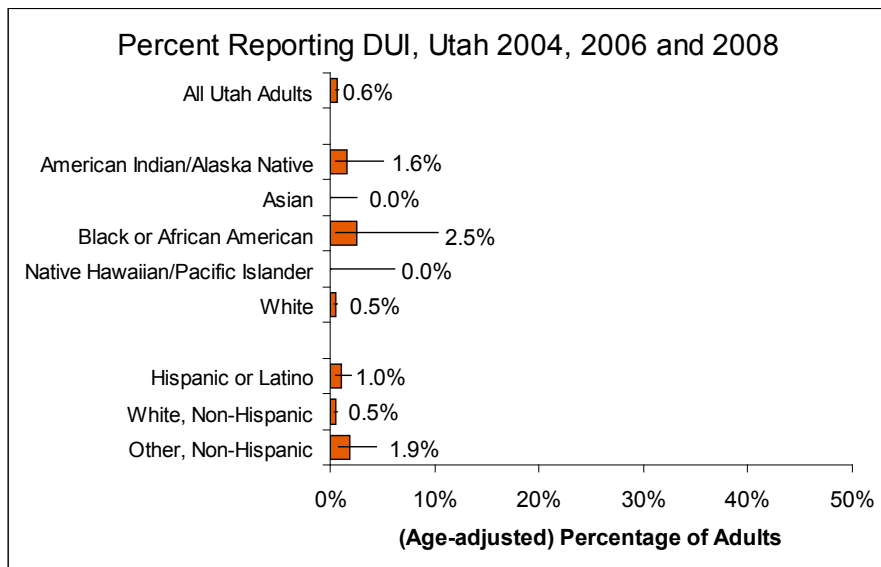
Driving under the influence (DUI) contributed to 22% of fatal motor vehicle crashes in Utah in 2007.⁴⁸

How Are We Doing?

- Fewer than 1% of Utah adults reported that they drove a car after drinking alcohol in the past month.
- There were no significant differences in self-reported driving under the influence by race or ethnicity.

How Can We Improve?

It is illegal to drive with a blood alcohol concentration of 0.08 or higher. This means that a person may not drink more than two or three drinks prior to driving, depending on your size and gender.⁴⁹ The best and easiest way to avoid impaired driving accidents is not to get behind the wheel after drinking. Before partaking in festivities involving alcohol, designate a person to provide a safe and sober ride home who will drink only non-alcoholic beverages. The Utah Safety Leadership Team is implementing engineering, enforcement and education strategies such as the "Zero Fatalities" campaign to reduce motor vehicle crash deaths, including those related to driving under the influence. The Utah Department of Human Services, Division of Substance Abuse and Mental Health, provides the Prime for Life education program for court-ordered DUI offenders. The goals of this 16-hour program are to increase awareness of the risks of addiction and other substance abuse problems and to help individuals reduce that risk. The Utah Department of Public Safety, Highway Safety Office funds enforcement efforts and media campaigns to prevent driving under the influence. It also provides funds to high school and college alcohol and drug prevention programs.



Percentage of Utah Adults (Age 18 and Over) Who Reported Driving After Alcohol Use in the Past Month, 2004, 2006 and 2008

Race/Ethnicity	Sample Size	Total Adult Population	# reporting DUI	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	15,611	1,781,429	12,007	0.7% (0.5%- 0.9%)	0.6% (0.5% - 0.8%)	n/a
American Indian/Alaska Native	189	23,796	529	2.2% (0.7%- 7.0%)	1.6% (0.5% - 5.1%)	
Asian	147	40,656	-	0.0% (0.0%- 2.6%)	0.0% (0.0% - 2.6%)	
Black or African American	62	19,213	511	2.7% (0.6%- 10.9%)	2.5% (0.6% - 10.3%)	
Native Hawaiian/Pacific Islander	58	12,877	-	0.0% (0.0%- 6.2%)	0.0% (0.0% - 6.2%)	
White	14,358	1,684,887	8,889	0.5% (0.4%- 0.7%)	0.5% (0.4% - 0.7%)	
Hispanic or Latino	1,002	176,650	1,816	1.0% (0.5%- 1.9%)	1.0% (0.5% - 2.0%)	
White, Non-Hispanic	13,962	1,517,124	8,186	0.5% (0.4%- 0.7%)	0.5% (0.4% - 0.7%)	
Other, Non-Hispanic	551	87,655	2,413	2.8% (1.1%- 6.5%)	1.9% (0.8% - 4.4%)	↑

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

**The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.